

INDIVIDUAL AND
FAMILY

Compare your plan options

Effective Jan. 1, 2014, for individuals and families



GroupHealth®

Good news about your health care coverage

Health care reform brings a whole new world of choices for 2014. That's great news for you.

All health plans are now required to offer the 10 essential health benefits, so you get broad coverage—no matter which plan, or whose plan, you choose.

But that doesn't mean that all health plans are alike. Read on for some highlights of what sets Group Health plans apart, as well as 3 easy steps to understanding the different types of plans and choosing the plan that's right for you.

Contents

What sets Group Health apart?	1
3 easy steps to choosing a 2014 health plan	2
2014 Group Health plans	4
Details and definitions	12
Fast facts about health care reform	13

What sets Group Health apart?

Our 2014 plans are all new, and they all offer the same full spectrum of covered benefits. No matter where you live and which plan you choose, you'll have access to a large network that includes primary care, specialty care, alternative care, and community hospitals in our service area. You choose how large of a network you want, and how you want costs to be shared between you and your health plan.

Care is available whenever and wherever you need it. You can call our Consulting Nurse Service 24/7 from anywhere in the world for help with urgent medical questions. Our plans provide emergency coverage, worldwide.

Online services make managing your health care easy. Go online to find a doctor, refill prescriptions, and get a personalized health status report. You can also check your health coverage and benefit usage, and view an extensive library of health topics.

Wellness services help you stay as healthy as possible, and catch any problems early. Services include preventive screenings and immunizations, smoking cessation and weight management programs, discounts at fitness facilities, and more.

IMPORTANT DATES TO REMEMBER

OCT. 1, 2013–MARCH 31, 2014

General open enrollment, when you can enroll in health plans.*

JAN. 1, 2014

Coverage begins for plans purchased before Dec. 23, 2013.

MARCH 15, 2014–APRIL 30, 2014

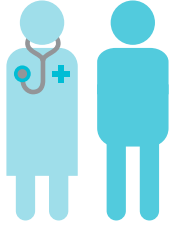
Extended open enrollment for individuals under age 19 (child-only plans).



Counties where our plans are available: Benton, Columbia, Franklin, Island, King, Kitsap, Kittitas, Lewis, Mason, Pierce, San Juan, Skagit, Snohomish, Spokane, Thurston, Walla Walla, Whatcom, Whitman, and Yakima.

*Certain qualifying events—such as if you lose your health coverage, or there is a birth or adoption in your family—allow you to enroll in a health plan, or modify your coverage, at any time during the year, as long as it's no more than 60 days from the date of the qualifying event.

3 easy steps to choosing a



Follow these steps and you'll be ready to make an informed decision about the health coverage that's right for you and your family.

1 Find out if you're eligible for financial assistance.

Depending on your family size and income, you may qualify for assistance on your monthly health plan premiums—and even on deductibles, coinsurance, and copayments.

To find out if you qualify, go to ghc.org/if and click on “Estimate your savings.” If you qualify, you'll need to purchase your coverage through Washington Healthplanfinder—the online exchange marketplace for purchasing health insurance—to get that savings.

You may be able to save on premiums and other costs (deductibles, copays, coinsurance) if:

- You are under age 65 and are not eligible for Medicare, Medicaid, Children's Health Insurance Program (CHIP), an employer-sponsored plan, a grandfathered plan, or other coverage recognized by Health and Human Services (HHS).
- You are a lawful U.S. resident.
- Your income is 139 percent to 400 percent of the federal poverty level. Many middle-income households fall within this range.
- Your employer's coverage is “unaffordable” (your share of the plan premium for employee coverage would be greater than 9.5 percent of your household income) or “inadequate” (the plan pays less than 60 percent of the cost of covered benefits).

2014 health plan

2 Consider how often you use health care services.

This will help you determine what level of coverage you need.

The Affordable Care Act (ACA) allows health plan carriers to offer different levels of coverage—called the “metal tiers”—that define how costs are shared between you and your health plan. Group Health offers Gold, Silver, and Bronze plans.

	GOLD	SILVER	BRONZE
Monthly premium	\$\$\$	\$\$	\$
Cost to you when you get care (copays, deductible, coinsurance)	\$	\$\$	\$\$\$
Good choice if you...	Expect to use a lot of health care services	Want a balance between monthly premium costs and out-of-pocket costs when you get care	Don't expect to use a lot of health care services

3 Choose a plan that matches your needs.

All our plans offer the same broad set of benefits. So how are they different? Plans vary in the amount of choice you have in doctors, your monthly premiums, and your cost shares (deductibles, copays, coinsurance, and out-of-pocket limits).

Go to our Core plans (p. 4) if you're eligible for financial assistance through Washington Healthplanfinder or you're looking for one of our lower cost options.

Go to our Core3 plans (p. 8) if you want a balance between value, choice, and cost, and don't qualify for financial assistance. (These plans are only available direct from Group Health, not through Washington Healthplanfinder.)

Go to our Connect3 plans (p. 10) if you want maximum choice in providers and don't qualify for financial assistance. (These plans are only available direct from Group Health, not through Washington Healthplanfinder.)

Go to our HealthPays® HSA Bronze plans (p. 9, 11) if you want a lower cost, high-deductible plan or an HSA-compatible plan. (These plans are only available direct from Group Health, not through Washington Healthplanfinder.)

2014 Group Health plans on Washington Health



Group Health Cooperative Core plans

Our Core plans offer quality, value, and a broad range of benefits. Core plans give you access to:

- Nearly 1,100 Group Health doctors at 25 Group Health Medical Centers locations.*
- More than 9,000 in-network providers in our service area.*

To learn more about the doctors in our Core plans network (also known as “Group Health”), go to ghc.org/provider.

These plans are a great choice if you qualify for financial assistance on premiums or other cost shares and want to purchase a plan through Washington Healthplanfinder.

Coordinated care at Group Health Medical Centers

At our 25 clinics, your care is coordinated between doctors, nurses, specialists, and pharmacists. Electronic medical records give your entire health care team access to your health information, so decisions can be made quickly and safely. Other advantages include:

- Online services such as e-mailing your doctor, scheduling appointments, viewing your medical record, and checking test results.
- All the services you need under one roof: doctors, lab, pharmacy, and radiology at most locations.
- Access to more than 90 specialties and subspecialties with self-referral to many of them.

➔ **To enroll in one of these plans, go to wahealthplanfinder.org.**

COVERAGE

Annual deductible

Deductible does not apply to services noted with ♦

Member coinsurance

Out-of-pocket limit

BENEFITS

Office visits

Preventive care services

Maternity care

Routine outpatient prenatal and postpartum visits

Labor and delivery

Manipulative therapy

10 visits per calendar year

Acupuncture

12 visits per calendar year

Lab/X-ray services

Devices, equipment, and supplies
(including prosthetics)

Outpatient surgery

Emergency care

Ambulance

Hospital stays – inpatient

Skilled nursing

60 days per calendar year

Pediatric vision

1 routine exam per year; Hardware—1 pair of lenses and frames or contacts per year

Prescription drugs

Cost per 30-day supply

*Source: OIC Provider Network Form A

NOTE: This is a summary of benefits. The contents are not to be accepted or construed as a substitute for the provisions of the medical coverage agreement. Other terms and conditions may apply. A list of excluded services and other limitations can be found in each plan's Summary of Benefits and Coverage document.

CORE GOLD

CORE SILVER

CORE BRONZE

\$750 per member or \$1,500 per family	\$1,500 per member or \$3,000 per family	\$5,000 per member or \$10,000 per family
10%	20%	40%
\$6,350 per member or \$12,700 per family	\$6,350 per member or \$12,700 per family	\$6,350 per member or \$12,700 per family
After deductible is met, you pay:	After deductible is met, you pay:	After deductible is met, you pay:
Primary: \$10 copay per visit Specialty: \$15 copay per visit	Primary: \$20 copay per visit Specialty: \$30 copay per visit	Primary: \$40 copay per visit Specialty: \$60 copay per visit
Covered in full ♦	Covered in full ♦	Covered in full ♦
Covered in full ♦	Covered in full ♦	Covered in full ♦
10% coinsurance	20% coinsurance	40% coinsurance
\$10 primary/\$15 specialty copay per visit	\$20 primary/\$30 specialty copay per visit	\$40 primary/\$60 specialty copay per visit
\$10 primary/\$15 specialty copay per visit	\$20 primary/\$30 specialty copay per visit	\$40 primary/\$60 specialty copay per visit
10% coinsurance	20% coinsurance	40% coinsurance
10% coinsurance	20% coinsurance	40% coinsurance
10% coinsurance	20% coinsurance	40% coinsurance
\$100 copay + 10% coinsurance	\$150 copay + 20% coinsurance	\$200 copay + 40% coinsurance
10% coinsurance	20% coinsurance	40% coinsurance
10% coinsurance	20% coinsurance	40% coinsurance
10% coinsurance	20% coinsurance	40% coinsurance
Covered in full ♦	Covered in full ♦	Covered in full ♦
Filled at pharmacy: \$10 preferred generic ♦ 20% preferred brand, including specialty brand	Filled at pharmacy: \$10 preferred generic ♦ 40% preferred brand, including specialty brand	Filled at pharmacy: 40% preferred generic, preferred brand, including specialty brand
Filled by mail order: \$5 preferred generic ♦ 15% preferred brand, including specialty brand	Filled by mail order: \$5 preferred generic ♦ 35% preferred brand, including specialty brand	Filled by mail order: 35% preferred generic, preferred brand, including specialty brand

PRIMARY CARE COPAYS APPLY TO: Acupuncture • Audiology • Chemical Dependency/Substance Abuse • Chiropractic • Emergency Medicine (where ER copay doesn't apply) • Enterostomal Therapy • Family Planning • Family Medicine • Health Education • Internal Medicine • Massage Therapy • Mental Health • Midwifery • Naturopathy • Nutrition • Obstetrics/Gynecology • Occupational Medicine • Occupational Therapy • Optometry • Osteopathy • Pediatrics • Physical Therapy • Respiratory Therapy • Speech Therapy

SPECIALTY CARE COPAYS APPLY TO: Allergy and Immunology • Anesthesiology • Cardiology (pediatric and cardiovascular disease) • Critical Care Medicine • Dentistry • Dermatology • Endocrinology • Gastroenterology • Genetics • Hematology • Hepatology • Infectious Disease • Neonatal-Perinatal Medicine • Nephrology • Neurology • Oncology • Ophthalmology • Orthopedics • Otolaryngology (ear, nose, and throat) • Pathology • Psychiatry (Physical Medicine) • Podiatry • Pulmonary Medicine/Disease • Radiology (nuclear medicine, radiation therapy) • Rheumatology • Sports Medicine • General Surgery (all surgical specialties) • Urology

2014 Group Health plans on Washington Health



Group Health Cooperative Core plans

Our Core Silver 94, Core Silver 87, and Core Silver 73 plans are only available to individuals and families who qualify for financial assistance based on family size and income.

Our Core Basics Plus Catastrophic plan is available to adults under age 30 or adults experiencing some type of hardship (determined on a case-by-case basis).

We also offer a Core Bronze AIAN plan that's available to American Indians and Alaska Natives who qualify. For details about this plan, go to wahealthplanfinder.org.

Core plans are only available online through Washington Healthplanfinder.

These plans are only available to those who qualify.

➔ To enroll in one of these plans, go to wahealthplanfinder.org.

COVERAGE

Annual deductible

Deductible does not apply to services noted with ♦

Member coinsurance

Out-of-pocket limit

BENEFITS

Office visits

Preventive care services

Maternity care

Routine outpatient prenatal and postpartum visits

Labor and delivery

Manipulative therapy

10 visits per calendar year

Acupuncture

12 visits per calendar year

Lab/X-ray services

Devices, equipment, and supplies
(including prosthetics)

Outpatient surgery

Emergency care

Ambulance

Hospital stays – inpatient

Skilled nursing

60 days per calendar year

Pediatric vision

1 routine exam per year; Hardware—1 pair of lenses and frames or contacts per year

Prescription drugs

Cost per 30-day supply

NOTE: This is a summary of benefits. The contents are not to be accepted or construed as a substitute for the provisions of the medical coverage agreement. Other terms and conditions may apply. A list of excluded services and other limitations can be found in each plan's Summary of Benefits and Coverage document.

CORE SILVER 94

CORE SILVER 87

CORE SILVER 73

CORE BASICS PLUS
CATASTROPHIC

\$50 per member or \$100 per family	\$200 per member or \$400 per family	\$1,200 per member or \$2,400 per family	\$6,350 per member or \$12,700 per family
5%	10%	20%	None
\$2,250 per member or \$4,500 per family	\$2,250 per member or \$4,500 per family	\$5,200 per member or \$10,400 per family	\$6,350 per member or \$12,700 per family
After deductible is met, you pay:	After deductible is met, you pay:	After deductible is met, you pay:	After deductible is met, you pay:
Primary: No charge Specialty: No charge	Primary: \$10 copay per visit Specialty: \$15 copay per visit	Primary: \$20 copay per visit Specialty: \$30 copay per visit	First 3 primary care visits covered in full ♦ Primary: No charge Specialty: No charge
Covered in full ♦	Covered in full ♦	Covered in full ♦	Covered in full ♦
Covered in full ♦	Covered in full ♦	Covered in full ♦	Covered in full ♦
5% coinsurance	10% coinsurance	20% coinsurance	No charge
No charge	\$10 primary / \$15 specialty copay per visit	\$20 primary / \$30 specialty copay per visit	No charge
No charge	\$10 primary / \$15 specialty copay per visit	\$20 primary / \$30 specialty copay per visit	No charge
5% coinsurance	10% coinsurance	20% coinsurance	No charge
5% coinsurance	10% coinsurance	20% coinsurance	No charge
5% coinsurance	10% coinsurance	20% coinsurance	No charge
\$150 copay + 5% coinsurance	\$150 copay + 10% coinsurance	\$150 copay + 20% coinsurance	No charge
5% coinsurance	10% coinsurance	20% coinsurance	No charge
5% coinsurance	10% coinsurance	20% coinsurance	No charge
5% coinsurance	10% coinsurance	20% coinsurance	No charge
Covered in full ♦	Covered in full ♦	Covered in full ♦	Covered in full ♦
Filled at pharmacy: \$7 preferred generic ♦ 10% preferred brand, including specialty brand Filled by mail order: \$2 preferred generic ♦ 5% preferred brand, including specialty brand	Filled at pharmacy: \$10 preferred generic ♦ 30% preferred brand, including specialty brand Filled by mail order: \$5 preferred generic ♦ 25% preferred brand, including specialty brand	Filled at pharmacy: \$10 preferred generic ♦ 30% preferred brand, including specialty brand Filled by mail order: \$5 preferred generic ♦ 25% preferred brand, including specialty brand	Filled at pharmacy No charge for preferred generic No charge for preferred brand, including specialty brand Filled by mail order No charge for preferred generic No charge for preferred brand, including specialty brand

PRIMARY CARE COPAYS APPLY TO: Acupuncture • Audiology • Chemical Dependency/Substance Abuse • Chiropractic • Emergency Medicine (where ER copay doesn't apply) • Enterostomal Therapy • Family Planning • Family Medicine • Health Education • Internal Medicine • Massage Therapy • Mental Health • Midwifery • Naturopathy • Nutrition • Obstetrics/Gynecology • Occupational Medicine • Occupational Therapy • Optometry • Osteopathy • Pediatrics • Physical Therapy • Respiratory Therapy • Speech Therapy

SPECIALTY CARE COPAYS APPLY TO: Allergy and Immunology • Anesthesiology • Cardiology (pediatric and cardiovascular disease) • Critical Care Medicine • Dentistry • Dermatology • Endocrinology • Gastroenterology • Genetics • Hematology • Hepatology • Infectious Disease • Neonatal-Perinatal Medicine • Nephrology • Neurology • Oncology • Ophthalmology • Orthopedics • Otolaryngology (ear, nose, and throat) • Pathology • Psychiatry (Physical Medicine) • Podiatry • Pulmonary Medicine/Disease • Radiology (nuclear medicine, radiation therapy) • Rheumatology • Sports Medicine • General Surgery (all surgical specialties) • Urology

2014 plans direct from Group Health Cooperative



Group Health Core3 and HealthPays® HSA plans

Our Core3 and HealthPays HSA plans from Group Health Cooperative combine high-quality care and great value. Our Core3 plans give you three primary care visits per year at just your office visit copay—without having to pay your deductible first. And the network of providers includes:

- Nearly 1,100 Group Health doctors at 25 Group Health Medical Centers locations.*
- More than 9,000 in-network providers.*

To learn more about the doctors in our Core plans network (also known as “Group Health”), go to ghc.org/provider.

Coordinated care at Group Health Medical Centers

At our 25 clinics, your care is coordinated between doctors, nurses, specialists, and pharmacists. Electronic medical records give your entire health care team access to your health information, so decisions can be made quickly and safely. Other advantages include:

- Online services such as e-mailing your doctor, scheduling appointments, viewing your medical record, and checking test results.
- All the services you need under one roof: doctors, lab, pharmacy, and radiology at most locations.
- Access to more than 90 specialties and subspecialties with self-referral to many of them.

What’s an HSA (health savings account) and is it right for you?
See “Details and definitions” on page 12.

→ **To enroll in one of these plans, go to ghc.org/if.**

COVERAGE

Annual deductible

Deductible does not apply to services noted with ♦

Member coinsurance

Out-of-pocket limit

BENEFITS

Office visits

Preventive care services

Maternity care

Routine outpatient prenatal and postpartum visits

Labor and delivery

Manipulative therapy

10 visits per calendar year

Acupuncture

12 visits per calendar year

Lab/X-ray services

Devices, equipment, and supplies (including prosthetics)

Outpatient surgery

Emergency care

Ambulance

Hospital stays – inpatient

Skilled nursing

60 days per calendar year

Adult vision

1 routine exam per year

Pediatric vision

1 routine exam per year; Hardware—1 pair of lenses and frames or contacts per year

Pediatric dental

Preventive and restorative services (see separate pediatric dental benefit summary available online at ghc.org/if)

Prescription drugs

Cost per 30-day supply

*Source: OIC Provider Network Form A

NOTE: This is a summary of benefits. The contents are not to be accepted or construed as a substitute for the provisions of the medical coverage agreement. Other terms and conditions may apply. A list of excluded services and other limitations can be found in each plan’s Summary of Benefits and Coverage document.

CORE3 GOLD

CORE3 SILVER

HEALTHPAYS® HSA BRONZE

\$500 per member or \$1,000 per family

20%

\$6,350 per member or \$12,700 per family

After deductible is met, you pay:

Primary: \$10 copay per visit
Deductible does not apply to first 3 primary care visits per year

Specialty: \$15 copay per visit

Covered in full ♦

Covered in full ♦

20% coinsurance

\$10 Primary/\$15 Specialty
copay per visit

\$10 Primary/\$15 Specialty
copay per visit

20% coinsurance

20% coinsurance

20% coinsurance

\$100 copay + 20% coinsurance

20% coinsurance

20% coinsurance

20% coinsurance

\$10 Primary/\$15 Specialty copay per visit

Covered in full ♦

Covered in full ♦

Filled at pharmacy:
\$10 preferred generic ♦
20% preferred brand, including specialty brand
Filled by mail order:
\$5 preferred generic ♦
15% preferred brand, including specialty brand

\$1,250 per member or \$2,500 per family

30%

\$6,350 per member or \$12,700 per family

After deductible is met, you pay:

Primary: \$20 copay per visit
Deductible does not apply to first 3 primary care visits per year

Specialty: \$30 copay per visit

Covered in full ♦

Covered in full ♦

30% coinsurance

\$20 Primary/\$30 Specialty
copay per visit

\$20 Primary/\$30 Specialty
copay per visit

30% coinsurance

30% coinsurance

30% coinsurance

\$150 copay + 30% coinsurance

30% coinsurance

30% coinsurance

30% coinsurance

\$20 Primary/\$30 Specialty copay per visit

Covered in full ♦

Covered in full ♦

Filled at pharmacy:
\$10 preferred generic ♦
40% preferred brand, including specialty brand
Filled by mail order:
\$5 preferred generic ♦
35% preferred brand, including specialty brand

\$4,000 per member or \$8,000 per family

20%

\$6,350 per member or \$12,700 per family

After deductible is met, you pay:

Primary: 20% coinsurance per visit

Specialty: 20% coinsurance per visit

Covered in full ♦

Covered in full ♦

20% coinsurance

Primary & Specialty:
20% coinsurance per visit

Primary & Specialty:
20% coinsurance per visit

20% coinsurance

20% coinsurance

20% coinsurance

20% coinsurance

20% coinsurance

20% coinsurance

20% coinsurance

Primary & Specialty:
20% coinsurance per visit

Covered in full ♦

Covered in full ♦

Filled at pharmacy:
20% preferred generic
40% preferred brand, including specialty brand
Filled by mail order:
15% preferred generic
35% preferred brand, including specialty brand

PRIMARY CARE COPAYS APPLY TO: Acupuncture • Audiology • Chemical Dependency/Substance Abuse • Chiropractic • Emergency Medicine (where ER copay doesn't apply) • Enterostomal Therapy • Family Planning • Family Medicine • Health Education • Internal Medicine • Massage Therapy • Mental Health • Midwifery • Naturopathy • Nutrition • Obstetrics/Gynecology • Occupational Medicine • Occupational Therapy • Optometry • Osteopathy • Pediatrics • Physical Therapy • Respiratory Therapy • Speech Therapy

SPECIALTY CARE COPAYS APPLY TO: Allergy and Immunology • Anesthesiology • Cardiology (pediatric and cardiovascular disease) • Critical Care Medicine • Dentistry • Dermatology • Endocrinology • Gastroenterology • Genetics • Hematology • Hepatology • Infectious Disease • Neonatal-Perinatal Medicine • Nephrology • Neurology • Oncology • Ophthalmology • Orthopedics • Otolaryngology (ear, nose, and throat) • Pathology • Psychiatry (Physical Medicine) • Podiatry • Pulmonary Medicine/Disease • Radiology (nuclear medicine, radiation therapy) • Rheumatology • Sports Medicine • General Surgery (all surgical specialties) • Urology

2014 plans direct from Group Health Options, Inc.



Group Health Connect3 and HealthPays® HSA plans

If having a lot of choice is most important to you, you may want to select one of our Connect3 plans, or our Group Health Options, Inc. HealthPays plan that's compatible with health savings accounts (HSAs). These plans give you access to many additional providers, both in-network and out-of-network. (The Connect plans network is also known as Alliant Plus.) And our Connect3 plans give you three primary care visits at just your office visit copay—without meeting the deductible first. Providers include:

In Network

- Nearly 1,100 Group Health doctors at 25 Group Health Medical Centers locations.*
- 450 doctors at 8 Virginia Mason Medical Centers locations.
- Nearly 400 doctors at 16 The Everett Clinic locations.
- More than 9,000 in-network providers.*

Out of Network

- More than 5,000 regional doctors in Washington, Oregon, Idaho, Alaska, and Montana with First Choice Health.
- More than 590,000 doctors in all other states with First Health Network.
- Any licensed provider in the U.S.

To learn more about the doctors in our Connect plans network, go to ghc.org/provider.

What's an HSA (health savings account) and is it right for you?
See "Details and definitions" on page 12.

➔ **To enroll in one of these plans, go to ghc.org/if.**

COVERAGE

Annual deductible

Deductible does not apply to services noted with ♦

Member coinsurance

Out-of-pocket limit

BENEFITS

Office visits

Preventive care services

Maternity care

Routine outpatient prenatal and postpartum visits

Labor and delivery

Manipulative therapy

10 visits per calendar year

Acupuncture

12 visits per calendar year

Lab/X-ray services

Devices, equipment, and supplies
(including prosthetics)

Outpatient surgery

Emergency care

Ambulance

Hospital stays – inpatient

Skilled nursing

60 days per calendar year

Adult vision

1 routine exam per year

Pediatric vision

1 routine exam per year; Hardware—1 pair of lenses and frames or contacts per year

Pediatric dental

Preventive and restorative services (see separate pediatric dental benefit summary available online at ghc.org/if)

Prescription drugs

Cost per 30-day supply

*Source: OIC Provider Network Form A

NOTE: This is a summary of benefits. The contents are not to be accepted or construed as a substitute for the provisions of the medical coverage agreement. Other terms and conditions may apply. A list of excluded services and other limitations can be found in each plan's Summary of Benefits and Coverage document.

CONNECT3 GOLD

CONNECT3 SILVER

HEALTHPAYS® HSA BRONZE

In Network

Out of Network

In Network

Out of Network

In Network

Out of Network

\$500 per member or \$1,000 per family

\$1,250 per member or \$2,500 per family

\$4,000 per member or \$8,000 per family

20%

40%

30%

50%

20%

50%

\$6,350 per member or \$12,700 per family

\$6,350 per member or \$12,700 per family

\$6,350 per member or \$12,700 per family

After deductible is met, you pay:

After deductible is met, you pay:

After deductible is met, you pay:

Deductible does not apply to first 3 primary care visits per year
Primary: \$10 copay per visit

Primary: 40% coinsurance per visit

Specialty: 40% coinsurance per visit

Specialty: \$15 copay per visit

Deductible does not apply to first 3 primary care visits per year
Primary: \$20 copay per visit

Primary: 50% coinsurance per visit

Specialty: 50% coinsurance per visit

Specialty: \$30 copay per visit

Primary: 20% coinsurance per visit

Specialty: 20% coinsurance per visit

Primary: 50% coinsurance per visit

Specialty: 50% coinsurance per visit

Covered in full ♦

Covered in full ♦

Covered in full ♦

Covered in full ♦

Covered in full ♦

Covered in full ♦

Covered in full ♦

Covered in full ♦

Covered in full ♦

Covered in full ♦

Covered in full ♦

Covered in full ♦

20% coinsurance

40% coinsurance

30% coinsurance

50% coinsurance

20% coinsurance

50% coinsurance

\$10 Primary/\$15 Specialty copay per visit

Primary & Specialty: 40% coinsurance per visit

\$20 Primary/\$30 Specialty copay per visit

Primary & Specialty: 50% coinsurance per visit

Primary & Specialty: 20% coinsurance per visit

Primary & Specialty: 50% coinsurance per visit

\$10 Primary/\$15 Specialty copay per visit

Primary & Specialty: 40% coinsurance per visit

\$20 Primary/\$30 Specialty copay per visit

Primary & Specialty: 50% coinsurance per visit

Primary & Specialty: 20% coinsurance per visit

Primary & Specialty: 50% coinsurance per visit

20% coinsurance

40% coinsurance

30% coinsurance

50% coinsurance

20% coinsurance

50% coinsurance

20% coinsurance

40% coinsurance

30% coinsurance

50% coinsurance

20% coinsurance

50% coinsurance

20% coinsurance

40% coinsurance

30% coinsurance

50% coinsurance

20% coinsurance

50% coinsurance

\$100 copay + 20% coinsurance

\$100 copay + 20% coinsurance

\$150 copay + 30% coinsurance

\$150 copay + 30% coinsurance

20% coinsurance

20% coinsurance

20% coinsurance

40% coinsurance

30% coinsurance

50% coinsurance

20% coinsurance

50% coinsurance

20% coinsurance

40% coinsurance

30% coinsurance

50% coinsurance

20% coinsurance

50% coinsurance

Primary: \$10 copay per visit
Specialty: \$15 copay per visit

Primary & Specialty: 40% coinsurance per visit

Primary: \$20 copay per visit
Specialty: \$30 copay per visit

Primary & Specialty: 50% coinsurance per visit

Primary & Specialty: 20% coinsurance per visit

Primary & Specialty: 50% coinsurance per visit

Covered in full ♦

40% coinsurance for routine exam; Covered in full ♦ for hardware

Covered in full ♦

50% coinsurance for routine exam; Covered in full ♦ for hardware

Covered in full ♦

50% coinsurance for routine exam; Hardware not covered

Covered in full ♦

Covered in full ♦

Covered in full ♦

Covered in full ♦

Covered in full ♦

Covered in full ♦

Filled at pharmacy:
\$10 preferred generic ♦
20% preferred brand, including specialty brand

Filled at pharmacy:
40% preferred generic
50% preferred brand, including specialty brand

Filled at pharmacy:
\$10 preferred generic ♦
40% preferred brand, including specialty brand

Filled at pharmacy:
50% preferred generic
50% preferred brand, including specialty brand

Filled at pharmacy:
20% preferred generic
40% preferred brand, including specialty brand

Filled at pharmacy:
50% preferred generic
50% preferred brand, including specialty brand

Filled by mail order:
\$5 preferred generic ♦
15% preferred brand, including specialty brand

Filled by mail order:
35% preferred generic
45% preferred brand, including specialty brand†

Filled by mail order:
\$5 preferred generic ♦
35% preferred brand, including specialty brand

Filled by mail order:
45% preferred generic
45% preferred brand, including specialty brand†

Filled by mail order:
15% preferred generic
35% preferred brand, including specialty brand

Filled by mail order:
45% preferred generic
45% preferred brand, including specialty brand†

†Available only when filled through a Group Health–designated mail order service.

PRIMARY CARE COPAYS APPLY TO: Acupuncture • Audiology • Chemical Dependency/Substance Abuse • Chiropractic • Emergency Medicine (where ER copay doesn't apply) • Enterostomal Therapy • Family Planning • Family Medicine • Health Education • Internal Medicine • Massage Therapy • Mental Health • Midwifery • Naturopathy • Nutrition • Obstetrics/Gynecology • Occupational Medicine • Occupational Therapy • Optometry • Osteopathy • Pediatrics • Physical Therapy • Respiratory Therapy • Speech Therapy

SPECIALTY CARE COPAYS APPLY TO: Allergy and Immunology • Anesthesiology • Cardiology (pediatric and cardiovascular disease) • Critical Care Medicine • Dentistry • Dermatology • Endocrinology • Gastroenterology • Genetics • Hematology • Hepatology • Infectious Disease • Neonatal-Perinatal Medicine • Nephrology • Neurology • Oncology • Ophthalmology • Orthopedics • Otolaryngology (ear, nose, and throat) • Pathology • Physiatry (Physical Medicine) • Podiatry • Pulmonary Medicine/Disease • Radiology (nuclear medicine, radiation therapy) • Rheumatology • Sports Medicine • General Surgery (all surgical specialties) • Urology

Details and definitions

Coinsurance

The percentage amount you pay for the cost of the care you receive. You'll notice that the coinsurance levels differ among all of the plans.

Copayment, copay

The set dollar amount you pay when you receive certain covered services.

Deductible

What you'll pay each year before your full coverage kicks in. All our individual and family plans have traditional deductibles (also called embedded deductibles). Once a family member meets their individual deductible, services are covered for that person without the entire family deductible being met. Other family members continue to pay toward the family deductible amount. For certain services, the deductible does not apply.

Drug formulary

The list of generic and brand-name prescription drugs that are usually covered by our health plans. The drugs are selected by a committee of Group Health physicians and pharmacists based on safety, effectiveness, and cost.

Hospital stays – inpatient

Hospital room and board; inpatient surgery; anesthesia; intensive and coronary care; laboratory tests; radiology services; drugs while in hospital. Includes mental health inpatient treatment.

Office visits

Primary and specialty care, including naturopathy and outpatient mental health and substance abuse visits.

Out-of-pocket limit

The most you'll be required to pay for covered services in a calendar year. Deductible, coinsurance, and copays count toward limit.

Outpatient surgery

Surgery in an office, outpatient surgery center, or hospital setting that does not require an overnight stay.

Pediatric dental

For children up to and including age 18.

Pediatric vision

For children up to and including age 18.


Prescription drugs

Outpatient: Formulary drugs and medicines that require prescriptions, including self-administered injectables, mental health drugs, and diabetic supplies.

Preventive care services

For children and adults. Includes wellness visits and immunizations, as established in Group Health's well-care schedule, formulary contraceptive drugs including counseling, contraceptive devices, and female sterilization. Devices and supplies related to contraception are covered as preventive as required by federal law and covered in full. Also includes drugs and medicines such as aspirin, fluoride, and folic acid.

What's an HSA and is it right for you?



A health savings account (HSA) is a personal savings account that's used to pay for eligible medical expenses. The money you deposit in the account is not taxed, and you own and control that money.

You're eligible for an HSA if you choose a high-deductible, HSA-compatible health

plan and aren't covered under another plan or enrolled in Medicare. Group Health's HealthPays[®] HSA Bronze plans (see pages 9 and 11) are HSA-compatible plans.

An HSA may be a good choice if you're healthy and want to save for future health care expenses. It's probably not a great idea if you think you may need

expensive medical care in the next year and would have trouble meeting the high deductible.

You can open an HSA with your own financial institution, or with our HSA partner, HealthEquity[®]. To learn more about HealthEquity, visit www.healthequity.com or call 1-877-291-1936.

Fast facts about health care reform

What's new in 2014?

The Affordable Care Act (ACA) was created to provide better health coverage to all Americans. Effective Jan. 1, 2014:

- Health plans for individuals and small businesses are now required to offer the 10 essential health benefits (see details below).
- Insurers can offer four levels of coverage—Platinum, Gold, Silver, and Bronze—plus a Catastrophic plan.
- If you have a pre-existing health condition you can't be denied coverage by an insurance company.
- Health plans cannot place a yearly or lifetime dollar limit on essential health benefits.
- If you're under age 65 and are not covered by your employer, Medicare, or Medicaid, you may be able to save on monthly premiums and costs at time of service such as copays.
- Washington state residents can buy health coverage through Washington Healthplanfinder, the state's online exchange marketplace, as of Oct. 1, 2013. In fact, if you qualify for financial assistance, you must buy through the exchange to get the savings.
- On the Washington Healthplanfinder website, you'll be able to make side-by-side comparisons between health plans in the exchange marketplace.
- Medicaid will be expanded in Washington state to cover more people who have low incomes.

What are the 10 essential health benefits?

As of Jan. 1, 2014, all health plans are required to cover:

- 1. Ambulatory patient services.** Includes care you receive without being admitted to a hospital, such as services at a clinic, physician's office, or outpatient surgery center.
- 2. Emergency care.** Includes care for conditions which, if not immediately treated, could lead to serious disability or death.
- 3. Hospitalization.** Includes room and board, medical care, tests, and prescription drugs administered during your stay.
- 4. Maternity and newborn care.** Includes care provided during pregnancy, during and after labor, and care to newborn children.
- 5. Mental health and substance abuse disorder services,** including behavioral health treatment. Covers evaluation, diagnosis, and treatment services.
- 6. Prescription drugs.** Includes drugs for treating urgent health issues and chronic conditions like high blood pressure.
- 7. Rehabilitative and habilitative services and devices.** Helps people with injuries, disabilities, or chronic health conditions.
- 8. Laboratory services.** Includes tests to diagnose conditions and monitor treatments.
- 9. Preventive and wellness services.** Includes routine physicals, screenings, immunizations, and chronic disease management.
- 10. Pediatric services.** Includes dental and vision care.



FOR MORE INFORMATION

- Go to ghc.org/if
to compare plans and enroll
- Call us toll-free at
1-800-358-8815 or
call your producer
(agent/broker)



GroupHealth®